

## REQUEST WAIVER OF PERSONAL APPEARANCE

I CURRENTLY RESIDE IN  
ALPHARETTA, GA NORTH OF ATLANTA  
AND AM 100% DISABLED. ANY  
TRAVELING IS A PROBLEM DUE TO MY  
DISABILITY. I MUST UNDERGO DIALYSIS  
EVERY OTHER DAY.

FILED  
U.S. Bankruptcy Court  
Western District of NC

JAN 29 2008

David E. Welch, Clerk  
Charlotte Division  
ASW

  
SIGNATURE OF CLAIMANT

Roger Scott  
PRINTED NAME OF CLAIMANT

477 Jon Scott Dr. Alpharetta Ga.  
CLAIMANT ADDRESS 30004

404-514-~~87~~ 8379  
DAYTIME TELEPHONE NUMBER

1-25-08  
DATE